A97000002347

(Requ	estor's Name)		
(Addre	ess)			
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(City/S	State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fili	ing Officer:			
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<u></u>			
L/Cleve Holdings Limited Pa	artnership		
		t	
() Profit	() Amendment	() Merger	
() Nonprofit		TO A	
() Foreign	() Dissolution/Withdrawal	() Mark	
	() Reinstatement	े ज	
() Limited Partnership	() Annual Report	() Other () UCC	
(.) LLC	() Name Registration	70 0	
() C:E-1 C	() Fictitious Name	() UCC	
() Certified Copy	() Photocopies	() CUS 音声 3	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out	() Will Walt	(x) Flox Op	
() Man Out			
Name	12/15/2004	Order#: 6244755	
Availability		02.1.00	
Document	AAM		
Examiner		Ref#:	
Updater		**************************************	
Verifier		•	
W.P. Verifier		Amount: \$	

850-222-1092

CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provis	ions of sections 620.105 and 620.1051, Florida Statutes, t	the undersigned limited
partnership organized u	nder the laws of the state of Florida	, submits the
following statement in	order to change its registered office or registered agent,	or both, in the state of
Florida.		
1. L/Cleve Holdings Lim	ited Partnership	
1	Name of the limited partnership	7 0
2. 10/28/1997	3. A97000002343	ALL A
Date of filing/regi		er assigned
4. The name and addre	ss of the present registered agent and office:	5 M 8: 03
Ber	njarnin P. Butterfield	- F. S.
700	NW 107th Avenue	
Mia	ımi, FL 33172	
5. The name and street	address of the successor registered agent and office: (P.O. B	ox <u>not</u> acceptable)
		<u> </u>
	Corporation System	
	C T Corporation System, 1200 South Pine Island Road	
Pla	ntation, Florida 33324	
Such change was author LL Partners, Inc	ized by the general partners. "general farmer	
DI WTan	12/13/04	4
Janneioriant Mal	Signature of General Partner	Date
Having been named a partnership at the place and agree to act in this	s registered agent and to accept service of process for the e designated in this certificate, I hereby accept the appointn capacity. I further agree to comply with the provisions of a erformance of my duties, and I am familiar with and acce	nent as registered agent Il statutes relative to the
Cani	e Bu	12/15/04
(Registered Agent signature CONNIE BRYAN PECIAL ASSISTANT SECRETAR	Date

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00